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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Applicant: Terrence W. Schmidt
Title: METHOD AND SYSTEM FOR MISSION MODULE SWAPPING
IN A VESSEL
Serial No.: 10/712,987 Confirmation No.: 7342
Filing Date: November 12, 2003
Examiner: Olson, Lars A. Group Art Unit: 3617
Attorney Docket No.: 1934-8-3

TRANSMITTAL LETTER

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited in the United States Postal Service as First Class Mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 27th day of December, 2005.


Signature

COMMISSIONER FOR PATENTS:

Transmitted herewith is:

A response/amendment in the above-identified application.

___ The fee has been calculated as shown below:

X No additional claim fee is required.

Computation of Fee
For Claims as Amended

	Claims Remaining After <u>Amendment</u>		Highest Number Previously <u>Paid for</u>		Present <u>Extra</u>	<u>Rate</u>	Addl. <u>Fee</u>
Total Claims	24	Minus	26	=	0	x \$50/\$25 =	\$-0-
Independent Claims	5	Minus	5	=	x	\$200/\$100 =	\$-0-
Total additional fee for this amendment							\$-0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously paid for" is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" is less than 3, write "3" in this space.

XX Request for a one-month extension of Time

XX Check No. 25175 for \$120 for the one-month extension of time.

_____ Check No. _____ in the amount of \$_____ for the additional claim fee is enclosed.

_____ Charge \$_____ to Deposit Account No. _____. A copy of this sheet is enclosed.

XX Please charge any additional fees or credit overpayment to Deposit Account No. 07-1897.

Respectfully submitted,

GRAYBEAL JACKSON HALEY LLP

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